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APPLICANTS

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** CONTINUING DATA *None MB*

** FOREIGN APPLICATIONS *None MB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>MB</i> Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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TITLE

Back massaging device

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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